

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

**APPLICATION FOR FULL CERTIFICATION AS A  
MENTAL HEALTH PROFESSIONAL PERSON**

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**PART III - REFERENCES**

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**TO THE APPLICANT:** The Certification Committee requires that **three** people who can comment on your qualifications as a mental health professional person provide the information requested. Type or print your name and the name of a person who is able to comment on your qualifications on each form. The completed forms should be sent directly to the Certification Committee by the recommender.

*NOTE: A separate form is **required** for each reference.*

\_\_\_\_\_  
Name of Applicant

Dear \_\_\_\_\_:  
Recommender

You have been requested to provide information regarding the above-named applicant's qualifications to be certified as a mental health professional person by the State of Montana. Please answer each of the questions below as completely as you can.

1. How long have you known this applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your professional relationship with the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. During the course of your professional relationship, how often do (did) you have contact with the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

4. Have you read reports this applicant has written concerning the mental status and treatment needs of mentally ill persons? If yes, please comment on the applicant's skill in these areas.

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5. To your knowledge, has this applicant had experience evaluating persons who are seriously mentally ill? If yes, please comment on the nature and extent of this experience.

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6. To your knowledge, has this applicant had experience treating persons who are seriously mentally ill? If yes, please comment on the nature and extent of this experience.

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Name of Applicant: \_\_\_\_\_

7. Have you had the opportunity to observe this applicant taking part in professional meetings during which a client's treatment plan was developed or reviewed? If yes, please comment on the nature and extent of the applicant's contribution to the discussion.

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8. In your opinion, is this applicant knowledgeable regarding the full range of mental health services throughout Montana?

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9. What evidence, if any, have you observed regarding this applicant's knowledge and understanding of the laws, regulations, and policies which pertain to the rights of the mentally ill in Montana?

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10. Do you recommend that this applicant be certified as a mental health professional?  
☐ Yes      ☐ No      ☐ Not Sure

